



**HIPAA Transaction Sets and Code Sets
(HTSCS)
270 / 271 Companion Guide Specifications**

**Version 3.2
February 28, 2008**

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1. INTRODUCTION

Companion Guides are designed to be used in conjunction with the HIPPA-required *ANSI X12 Implementation Guide and Addenda*. The Companion Guide specifications define current functions and other information specific to South Carolina Medicaid Title XIX (SC Medicaid). The South Carolina Department of Health and Human Services (SCDHHS) solution for the Health Insurance Portability and Accountability Act of 1996 (HIPAA) requires that providers utilize this companion guide for the indicated transactions.

This Companion Guide supports the requirements of the 4010A1 version of the *ANSI X12 Implementation Guide* and the changes indicated by any addenda for this transaction.

Copies of the *ANSI X12 Implementation Guide* can be obtained by downloading the files from the following WEB site:

http://www.wpc-edl.com/hipaa/HIPAA_40.asp

2. SCOPE

The United States Congress included provisions to address the need for standards for electronic transactions and other administrative simplification issues in the HIPAA, Public Law 104-191, which was enacted on August 21, 1996. Through subtitle F of title II of that law, Congress added to title XI of the Social Security Act a new part C, titled "Administrative Simplification." On August 17, 2000, final regulations were published in the *Federal Register* for "Standards for Electronic Transactions", which became effective on October 16, 2000. The final rule requires compliance be met within 2 years of the rule effective date, making compliance necessary by October 16, 2002, unless covered entities have filed for an extension to the deadline. In 2001, in the Administrative Simplification Compliance Act, Congress authorized a one-year extension to October 16, 2003, for those covered and required to comply in 2002. SCDHHS has filed for such an extension.

South Carolina Medicaid is only supporting the generic eligibility requests. If requests are received for specific coverage information, these requests will not be rejected. However, Only eligibility information will be provided in the response as allowed by HIPAA.

This Companion Guide outlines the SC Medicaid criteria for the eligibility request sent in the 270 transaction and the response data provided in the 271 transaction.

3. 270 ELIGIBILITY REQUEST TRANSACTION MAP

* Unless otherwise noted, please follow the rules of the *ANSI X12 Implementation Guide* (including Addendum) for 004010X092A1.

** The 'Loop' column consists of the loop number followed by a "/", whether required ("R") or situational ("S"), then a dash followed by the page number reference in the Implementation Guide.

LOOP**	SEG ID	ELEMENT	ELEMENT REQUIREMENT	Industry Name	South Carolina Medicaid Specifications*
	ISA/R-B.3	ISA01	R	Authorization Information Qualifier	Use Value '00' – No Authorization Information Present (No Meaningful Information in I02)
		ISA02	R	Authorization Information	Enter 10 Blanks
		ISA03	R	Security Information Qualifier	Use Value '00' – No Security Information Present (No Meaningful Information in I04)
		ISA04	R	Security Information	Enter 10 Blanks
		ISA05	R	Interchange ID Qualifier	Use Value 'ZZ' – Mutually Defined
		ISA06	R	Interchange Sender ID	Use the SC Medicaid Assigned Submitter Number – Left Justified - 15 Characters
		ISA07	R	Interchange ID Qualifier	Use Value 'ZZ' – Mutually Defined
		ISA08	R	Interchange Receiver ID	Use Value 'SCMEDICAID' – Left Justified – 15 Characters
		ISA09	R	Interchange Date	Format is YYMMDD
		ISA10	R	Interchange Time	Format is HHMM
		ISA11	R	Interchange Control Standards Identifier	Use Value 'U' – U.S. Community EDI of ASC X12, TDCC, and UCS

LOOP**	SEG ID	ELEMENT	ELEMENT REQUIREMENT	Industry Name	South Carolina Medicaid Specifications*
		ISA12	R	Interchange Control Version Number	Use Value '00401'
		ISA13	R	Interchange Control Number	Assigned by Sender – Must be Identical to Interchange Trailer IEA02
		ISA14	R	Acknowledgement Request	Value '0' – No Acknowledgement Requested Value '1' – Acknowledgement Requested
		ISA15	R	Usage Indicator	Value 'P' – Production Data Value 'T' – Test Data
		ISA16	R	Component Element Separator	Assigned by Submitter
	GS/R-B.8	GS01	R	Functional Identifier Code	Use Value 'HS' – Eligibility Inquiry Request
		GS02	R	Application Senders Code	Use the SC Medicaid Assigned Submitter ID
		GS03	R	Application Receivers Code	Use Value 'SCMEDICAID'
		GS04	R	Creation Date	Format is CCYYMMDD
		GS05	R	Creation Time	Format is HHMM
		GS06	R	Group Control Number	Assigned by Sender – Must be Identical to Functional Trailer GE02
		GS07	R	Responsible Agency Code	Use Value 'X' – Accredited Standards Committee X12
		GS08	R	Version/Release/Industry Identifier Code	Use Value '004010X092A1'
N/A	ST/R-36	ST01	R	Transaction Set Identifier Code	Use Value '270'
		ST02	R	Transaction Set Control Number	Assigned by Submitter The value in ST02 must be identical to SE02.
N/A	BHT/R-38	BHT01	R	Hierarchical Structure Code	Use Value '0022'

LOOP**	SEG ID	ELEMENT	ELEMENT REQUIREMENT	Industry Name	South Carolina Medicaid Specifications*
		BHT02	R	Transaction Set Purpose Code	Use Value '13' - Request
		BHT03	S	Originator Application Transaction Identifier	Required for Real Time Transactions
		BHT04	R	Transaction Set Creation Date	Format is CCYYMMDD
		BHT05	R	Transaction Set Creation Time	Format is HHMM
		BHT06	S	Transaction Type Code	SC Medicaid will not use this data element.
2000A/R-41				INFORMATION SOURCE LEVEL	
	HL/R-41	HL01	R	Hierarchical ID Number	Assigned by Submitter
		HL02	N	Hierarchical Parent ID Number	
		HL03	R	Hierarchical Level Code	Use Value '20' - Information Source
		HL04	R	Hierarchical Child Code	Use Value '1' - Additional Subordinate HL Data Segment in This Hierarchical Structure.
2100A/R-44				INFORMATION SOURCE NAME	
	NM1/R-44	NM101	R	Entity Identifier Code	Use Value 'PR' - Payer
		NM102	R	Entity Type Qualifier	Use Value '2' - Non-Person Entity
		NM103	S	Payer Last Name or Organizational Name	
		NM104	S	First Name	SC Medicaid will not use this data element.
		NM105	S	Middle Name	SC Medicaid will not use this data element.
		NM106	N	Name Prefix	
		NM107	S	Name Suffix	SC Medicaid will not use this data element.
		NM108	R	Identification Code Qualifier	Use Value 'PI'
		NM109	R	Payer Identifier	Use Value 'SCMEDICAID'

LOOP**	SEG ID	ELEMENT	ELEMENT REQUIREMENT	Industry Name	South Carolina Medicaid Specifications*
		NM110	N	Entity Relationship Code	
		NM111	N	Entity Identifier Code	
2000B/R-60				INFORMATION RECEIVER LEVEL	
	HL/R-60	HL01	R	Hierarchical ID Number	Assigned by Submitter
		HL02	R	Hierarchical Parent ID Number	Assigned by Submitter
		HL03	R	Hierarchical Level Code	Use Value '21' – Information Receiver
		HL04	R	Hierarchical Child Code	Use Value '1' - Additional Subordinate HL Data Segment in This Hierarchical Structure.
2100B/R-47				INFORMATION RECEIVER NAME	
	NM1/R-47	NM101	R	Entity Identifier Code	Use Value '1P' - Provider
		NM102	R	Entity Type Qualifier	Value '1' – Person Value '2' – Non-Person Entity
		NM103	S	Information Receiver Last or Organizational Name	
		NM104	S	Information Receiver First Name	SC Medicaid will not use this data element.
		NM105	S	Information Receiver Middle Name	SC Medicaid will not use this data element.
		NM106	N	Name Prefix	
		NM107	S	Information Receiver Name Suffix	SC Medicaid will not use this data element.
		NM108	R	Identification Code Qualifier	Use value 'XX' for the National Provider Identifier (NPI) if available, else use value 'SV' – Service Provider

LOOP**	SEG ID	ELEMENT	ELEMENT REQUIREMENT	Industry Name	South Carolina Medicaid Specifications*
		NM109	R	Information Receiver Identification Number	Enter the National Provider Identifier (NPI) if available, else enter the SC Medicaid Provider Number
		NM110	N	Entity Relationship Code	
		NM111	N	Entity Identifier Code	
	REF/S-51	REF01	R	Reference Identification Qualifier	Use value '1D' if both the NPI and SC Medicaid Number are submitted
		REF02	R	Information Receiver Additional Identifier	Enter the SC Medicaid Provider Number if both numbers are submitted
		REF03	S	License Number State or Province Code	SC Medicaid will not use this data element.
		REF04	N	Reference Identifier	
	N3-S/57	N301	R	Information Receiver Address Line 1	SC Medicaid will not use this data element.
		N302	S	Information Receiver Address Line 2	SC Medicaid will not use this data element.
	N4/S-58	N401	R	Information Receiver City Name	SC Medicaid will not use this data element.
		N402	R	Information Receiver State Name	SC Medicaid will not use this data element.
		N403	R	Information Receiver Zip Code	SC Medicaid will not use this data element.
		N404	S	Country Code	SC Medicaid will not use this data element.

LOOP**	SEG ID	ELEMENT	ELEMENT REQUIREMENT	Industry Name	South Carolina Medicaid Specifications*
		N405	N	Location Qualifier	
		N406	N	Location Identifier	
	PER/S-60	PER01	R	Contact Function Code	SC Medicaid will not use this segment
	PRV/S-64	PRV01	R	Provider Code	SC Medicaid will not use this segment
2000C/R-66				SUBSCRIBER LEVEL	
	HLN/R-66	HL01	R	Hierarchical ID Number	Assigned by Submitter
		HL02	R	Hierarchical Parent ID Number	Assigned by Submitter
		HL03	R	Hierarchical Level Code	Use Value '22' - Subscriber
		HL04	R	Hierarchical Child Code	Use Value '0' - No Subordinate HL Segment in This Hierarchical Structure.
	TRN/S-69	TRN01	R	Trace Type Code	Use Value '1' - Current Transaction Trace Numbers
		TRN02	R	Reference Identification	Assigned by Submitter
		TRN03	R	Organization Company Identifier	Use this number for the identification number of the company that assigned the trace or reference number specified in the previous data element (TRN02). The first position must be either a "1" if an EIN is used, a "3" if aDUNS is used or a "9" if a user assigned identifier is used.
		TRN04	S	Reference Identification	
2100C/R-71				SUBSCRIBER NAME	

LOOP**	SEG ID	ELEMENT	ELEMENT REQUIREMENT	Industry Name	South Carolina Medicaid Specifications*
	NM1/R-71	NM101	R	Entity Identifier Code	Use value 'IL' – Insured/Subscriber
		NM102	R	Entity Type Qualifier	Use value '1' - Person
		NM103	S	Name Last or Organization Name	SC Medicaid will not use this data element.
		NM104	S	Name First	SC Medicaid will not use this data element.
		NM105	S	Middle Name	SC Medicaid will not use this data element.
		NM106	N	Name Prefix	
		NM107	S	Name Suffix	SC Medicaid will not use this data element.
		NM108	S	Identification Code Qualifier	Use Value 'MI'– Member Identification Number.
		NM109	S	Identification Code	Enter the 10 Digit SC Member Identification Number
		NM110	N	Entity Relationship Code	
		NM111	N	Entity Identifier Code	
	REF/S-74	REF01	R	Reference Identification Qualifier	Use Value 'SY' – Social Security Number
		REF02	R	Subscriber Additional Identifier	
		REF03	S	Description	
		REF04	N	Reference Identifier	
	N3/S-77	N301	R	Subscriber Address Line 1	SC Medicaid will not use this data element.
		N302	S	Subscriber Address Line 2	SC Medicaid will not use this data element.
	N4/S-78	N401	R	Subscriber City Name	SC Medicaid will not use this data element.
		N402	R	Subscriber State Name	SC Medicaid will not use this data element.

LOOP**	SEG ID	ELEMENT	ELEMENT REQUIREMENT	Industry Name	South Carolina Medicaid Specifications*
		N403	R	Subscriber Zip Code	SC Medicaid will not use this data element.
		N404	S	Country Code	SC Medicaid will not use this data element.
		N405	N	Location Qualifier	
		N406	N	Location Identifier	
	PRV/S-80	PRV01	R	Provider Code	SC Medicaid will not use this segment
	DMG/S-83	DMG01	S	Date Time Period Format Qualifier	Use this segment when needed to convey birth date or gender demographic information for the subscriber. Use Value 'D8' - Date
		DMG02	S	Subscriber Date of Birth	Format is CCYYMMDD SC Medicaid Requires This Data Element for Inquiries with SSN in REF02 for the Subscriber
		DMG03	S	Gender Code	
		DMG04	N	Marital Status Code	
		DMG05	N	Race or Ethnicity Code	
		DMG06	N	Citizenship Status Code	
		DMG07	N	Country Code	
		DMG08	N	Basis of Verification Code	
		DMG09	N	Quantity	
	INS/S-85				SC Medicaid will not use this segment
	DTP/S-87	DTP01	R	Date/Time Qualifier	SC Medicaid cannot process without this segment. Use value '472' - Service Date

LOOP**	SEG ID	ELEMENT	ELEMENT REQUIREMENT	Industry Name	South Carolina Medicaid Specifications*
		DTP02	R	Date/Time Period Format Qualifier	Use value 'D8'
		DTP03	R	Date/Time Period	Enter date in format CCYYMMDD
2110C/S-89				SUBSCRIBER ELIGIBILITY or BENEFIT INQUIRY INFORMATION	
	EQ/S-90	EQ01	S	Service Type Code	SC Medicaid Only supports Generic Requests. Use value '30' – Health Benefit Plan Coverage
		EQ02	S	Composite Medical Procedure Identifier	SC Medicaid does not use this data element
		EQ03	S	Coverage Level Code	SC Medicaid does not use this data element
		EQ04	S	Insurance Type Code	SC Medicaid does not use this data element
	AMT/S-99				SC Medicaid does not use this segment
	III/S-101				SC Medicaid does not use this segment
	REF/S-104				SC Medicaid does not use this segment
	DTP/S-106				SC Medicaid does not use this segment
2000D/S-108				DEPENDENT LEVEL	SC Medicaid does not use this loop
9999/R-147				TRANSACTION SET TRAILER	
		SE01	R	Number of Included Segments	Enter Number of Segments Included in Transaction Set, including the ST and SE.
		SE02	R	Transaction Set Control Number	Assigned by Sender – Must be Identical to Transaction Set Header ST02
	GS/R-B.10	GE01	R	Number of Transaction Sets Included	Enter Number of Transaction Sets Included
		GE02	R	Group Control Number	Assigned by Sender – Must be Identical to Functional Header GS06
	IEA/R-B.7	IEA01	R	Number of Included Functional Groups	Enter Number of Functional Groups Included

LOOP**	SEG ID	ELEMENT	ELEMENT REQUIREMENT	Industry Name	South Carolina Medicaid Specifications*
		IEA02	R	Interchange Control Number	Assigned by Sender – Must be Identical to Interchange Header ISA13

4. 271 ELIGIBILITY RESPONSE TRANSACTION MAP

* Unless otherwise noted, please follow the rules of the ANSI X12 Implementation Guide (including Addendum) for 004010X093A1.

** The 'Loop' column consists of the loop number followed by a "/", whether required ("R") or situational ("S"), then a dash followed by the page number reference in the Implementation Guide.

LOOP**	SEG ID	ELEMENT	ELEMENT REQUIREMENT	Industry Name	South Carolina Medicaid Specifications*
	ISA/R-B.3	ISA01	R	Authorization Information Qualifier	Value '00' – No Authorization Information Present (No Meaningful Information in I02) will be Returned
		ISA02	R	Authorization Information	10 Blanks will be Returned
		ISA03	R	Security Information Qualifier	Value '00' – No Security Information Present (No Meaningful Information in I04) will be Returned
		ISA04	R	Security Information	10 Blanks will be Returned
		ISA05	R	Interchange ID Qualifier	Value 'ZZ' – Mutually Defined will be Returned
		ISA06	R	Interchange Sender ID	Value 'SCMEDICAID' – Left Justified – 15 Characters will be Returned
		ISA07	R	Interchange ID Qualifier	Value 'ZZ' – Mutually Defined will be Returned
		ISA08	R	Interchange Receiver ID	The SC Medicaid Assigned Submitter Value will be Returned
		ISA09	R	Interchange Date	Format is YYMMDD
		ISA10	R	Interchange Time	Format is HHMM
		ISA11	R	Interchange Control Standards Identifier	Value 'U' – U.S. Community EDI of ASC X12, TDCC, and UCS will be Returned

LOOP**	SEG ID	ELEMENT	ELEMENT REQUIREMENT	Industry Name	South Carolina Medicaid Specifications*
		ISA12	R	Interchange Control Version Number	Value '00410' will be Returned
		ISA13	R	Interchange Control Number	Assigned by Sender – Must be Identical to Interchange Trailer IEA02
		ISA14	R	Acknowledgement Request	Value '0' – No Acknowledgement Requested Value '1' – Acknowledgement Requested
		ISA15	R	Usage Indicator	Value 'P' – Production Data Value 'T' – Test Data
		ISA16	R	Component Element Separator	For SC Medicaid Values '*^~' will be Returned
	GS/R-B.8	GS01	R	Functional Identifier Code	Value 'HB' – Eligibility Inquiry Response will be Returned
		GS02	R	Application Senders Code	Value 'SCMEDICAID' will be Returned
		GS03	R	Application Receivers Code	The SC MEDICAID Submitter Code will be Returned
		GS04	R	Creation Date	Format is CCYYMMDD
		GS05	R	Creation Time	Format is HHMM
		GS06	R	Group Control Number	Assigned by Sender – Must be Identical to Functional Trailer GE02
		GS07	R	Responsible Agency Code	Value 'X' – Accredited Standards Committee X12 will be Returned
		GS08	R	Version/Release/Industry Identifier Code	Value '004010X092A1' will be Returned
N/A	ST/R-154	ST01	R	Transaction Set Identifier Code	Value '271' will be Returned
		ST02	R	Transaction Set Control Number	Data value in ST02 will be identical to SE02.

LOOP**	SEG ID	ELEMENT	ELEMENT REQUIREMENT	Industry Name	South Carolina Medicaid Specifications*
N/A	BHT/R-156	BHT01	R	Hierarchical Structure Code	Value will be '0022'
		BHT02	R	Transaction Set Purpose Code	Value will be '11' - Response
		BHT03	N	Originator Application Transaction Identifier	Value will be Identical to the Value Submitted in the 270 Request
		BHT04	R	Transaction Set Creation Date	Format will be CCYYMMDD
		BHT05	R	Transaction Set Creation Time	Format will be HHMM
		BHT06	N	Transaction Type Code	
2000A/R-41				INFORMATION SOURCE LEVEL	
	HL/R-158	HL01	R	Hierarchical ID Number	Assigned by Sender
		HL02	N	Hierarchical Parent ID Number	
		HL03	R	Hierarchical Level Code	Value will be '20' Information Source
		HL04	R	Hierarchical Child Code	Value will be '1' - Additional Subordinate HL Data Segment in This Hierarchical Structure.
	AAA/S-160	AAA01	R	Valid Request Indicator	Use of this segment at this location in the HL is to identify reasons why a request cannot be processed based on the entities identified in ISA06, ISA08, GS02 or GS03.
		AAA02	N	Agency Qualifier Code	
		AAA03	R	Reject Reason Code	
		AAA04	R	Follow-up Action Code	
2100A/R-163				INFORMATION SOURCE NAME	
	NM1/R-163	NM101	R	Entity Identifier Code	Value will be 'PR' - Payer

LOOP**	SEG ID	ELEMENT	ELEMENT REQUIREMENT	Industry Name	South Carolina Medicaid Specifications*
		NM102	R	Entity Type Qualifier	Value will be '2' – Non-Person Entity
		NM103	S	Payer Name	Value will be 'SCMEDICAID'
		NM104	S	First Name	SC Medicaid will not use this Data Element
		NM105	S	Middle Name	SC Medicaid will not use this Data Element
		NM106	N	Name Prefix	
		NM107	S	Name Suffix	SC Medicaid will not use this Data Element
		NM108	R	Identification Code Qualifier	Value will be 'PI' – Payer Identification
		NM109	R	Payer Identifier	Value will be 'SCMEDICAID'
		NM110	N	Entity Relationship Code	
		NM111	N	Entity Identifier Code	
	REF/S-166				SC Medicaid will not use this segment
	PER/S-168				SC Medicaid will not use this segment
	AAA/S-172	AAA01	R	Valid Request Indicator	Use this segment to indicate problems in processing the transaction specifically related to the information source data contained in the original 270 transaction's information source name loop (Loop 2100A) or to indicate that the information source itself is experiencing system problems.
		AAA02	N	Agency Qualifier Code	
		AAA03	R	Reject Reason Code	
		AAA04	R	Follow-up Action Code	
2000B/R-175				INFORMATION RECEIVER LEVEL	

LOOP**	SEG ID	ELEMENT	ELEMENT REQUIREMENT	Industry Name	South Carolina Medicaid Specifications*
	HL/R-175	HL01	R	Hierarchical ID Number	Assigned by Sender
		HL02	R	Hierarchical Parent ID Number	Assigned by Sender
		HL03	R	Hierarchical Level Code	Value will be '21' –Information Receiver
		HL04	R	Hierarchical Child Code	Value will be '1' - Additional Subordinate HL Data Segment in This Hierarchical Structure.
2100B/R-178				INFORMATION RECEIVER NAME	
	NM1/R-178	NM101	R	Entity Identifier Code	Value will be '1P' - Provider
		NM102	R	Entity Type Qualifier	Value '1' – Person Value '2' - Non-Person Entity The Value Returned will be from the Stored Entity Type in the SC Medicaid Provider File
		NM103	R	Information Receiver Last or Organizational Name	Full Name as Stored on the SC Medicaid Provider File
		NM104	S	Information Receiver First Name	Will Return First Name as Submitted on the 270 Request
		NM105	S	Information Receiver Middle Name	Will Return Middle Name as Submitted on the 270 Request
		NM106	N	Name Prefix	
		NM107	S	Information Receiver Name Suffix	Will Return Suffix as Submitted on the 270 Request
		NM108	R	Identification Code Qualifier	Will return value 'XX' for the National Provider Identifier (NPI) if submitted on the 270 or value 'SV' – Service Provider if submitted on the 270

LOOP**	SEG ID	ELEMENT	ELEMENT REQUIREMENT	Industry Name	South Carolina Medicaid Specifications*
		NM109	R	Information Receiver Identification Number	Will return the National Provider Identifier (NPI) or the SC Medicaid Provider Number as submitted on the 270
		NM110	N	Entity Relationship Code	
		NM111	N	Entity Identifier Code	
	REF/S-51	REF01	R	Reference Identification Qualifier	SC Medicaid Will Not Return this Segment
	AAA/S-184	AAA01	R	Valid Request Indicator	Use this segment to indicate problems in processing the transaction specifically related to the information receiver data contained in the original 270 transaction's information receiver name loop (Loop2100B).
		AAA02	N	Agency Qualifier Code	
		AAA03	R	Reject Reason Code	
		AAA04	R	Follow-up Action Code	
2000C/R-187				SUBSCRIBER LEVEL	
	HLN/R-187	HL01	R	Hierarchical ID Number	Assigned by Sender
		HL02	R	Hierarchical Parent ID Number	Assigned by Sender
		HL03	R	Hierarchical Level Code	Value will be '22' - Subscriber
		HL04	R	Hierarchical Child Code	Value will be '0' - No Subordinate HL Segment in This Hierarchical Structure
	TRN/S-190	TRN01	R	Trace Type Code	Value will be '2' - Referenced Transaction Trace Number

LOOP**	SEG ID	ELEMENT	ELEMENT REQUIREMENT	Industry Name	South Carolina Medicaid Specifications*
		TRN02	R	Reference Identification	Value will be Identical to the Trace Number Submitted on the 270 Request
		TRN03	R	Organization Company Identifier	Value will be Identical to the Organization Company Identifier Submitted on the 270 Request
		TRN04	S	Reference Identification	SC Medicaid will not use this data element.
2100C/R-193				SUBSCRIBER NAME	
	NM1/R-193	NM101	R	Entity Identifier Code	SC Medicaid will set value to 'IL' – Insured.
		NM102	R	Entity Type Qualifier	Value will be '1' - Person
		NM103	S	Name Last or Organization Name	Value will be Last Name as Stored on the SC Medicaid Eligibility File
		NM104	S	Name First	Value will be First Name as Stored on the SC Medicaid Eligibility File
		NM105	S	Middle Name	Value will be Middle Name or Initial as Stored on the SC Medicaid Eligibility File
		NM106	N	Name Prefix	
		NM107	S	Name Suffix	SC Medicaid will not use this data element.
		NM108	R	Identification Code Qualifier	Will return value 'MI' – Member Identification Number
		NM109	R	Identification Code	Will return the 10 Digit SC Member Identification Number
		NM110	N	Entity Relationship Code	
		NM111	N	Entity Identifier Code	

LOOP**	SEG ID	ELEMENT	ELEMENT REQUIREMENT	Industry Name	South Carolina Medicaid Specifications*
	REF/S-196	REF01	R	Reference Identification Qualifier	SC Medicaid Will Not Return this Segment
	N3/S-200	N301	R	Subscriber Address Line 1	SC Medicaid will Return the Address as is Store on the SC Medicaid Eligibility File
		N302	S	Subscriber Address Line 2	SC Medicaid will not use this data element.
	N4/S-201	N401	R	Subscriber City Name	SC Medicaid will Return the City as is Stored on the SC Medicaid Eligibility File
		N402	R	Subscriber State Name	SC Medicaid will Return the State as is Stored on the SC Medicaid Eligibility File
		N403	R	Subscriber Zip Code	SC Medicaid will Return the Zip Code as is Stored on the SC Medicaid Eligibility File
		N404	S	Country Code	SC Medicaid will not use this data element.
		N405	N	Location Qualifier	
		N406	N	Location Identifier	
	PER/S-203				SC Medicaid will not return this segment
	AAA/S-207	AAA01	R	Valid Request Indicator	Use this segment to indicate problems in processing the transaction specifically related to the data contained in the original 270transaction's subscriber name loop (Loop 2100C).
		AAA02	N	Agency Qualifier Code	
		AAA03	R	Reject Reason Code	
		AAA04	R	Follow-up Action Code	

LOOP**	SEG ID	ELEMENT	ELEMENT REQUIREMENT	Industry Name	South Carolina Medicaid Specifications*
	DMG/S-210	DMG01	S	Date Time Period Format Qualifier	Value will be 'D8'
		DMG02	S	Subscriber Birth Date	Value will be the Recipient Date of Birth as is Stored on the SC Medicaid Eligibility File
		DMG03	S	Subscriber Gender Code	Value will be the Recipient Gender as is Stored on the SC Medicaid Eligibility File
		DMG04	N	Marital Status Code	
		DMG05	N	Race or Ethnicity Code	
		DMG06	N	Citizenship Status Code	
		DMG07	N	Country Code	
		DMG08	N	Basis of Verification Code	
		DMG09	N	Quantity	
	INS/S-212				SC Medicaid will not use this segment
	DTP/S-87	DTP01	R	Date/Time Qualifier	SC Medicaid will return value '472' – Service Date
		DTP02	R	Date/Time Period Format Qualifier	Value 'D8'
		DTP03	R	Date/Time Period	Will return date submitted on 270
2110C/S-218				SUBSCRIBER ELIGIBILITY or BENEFIT INQUIRY INFORMATION	
	EB/S-219	EB01	R	Eligibility or Benefit Information	
		EB02	S	Coverage Level Code	
		EB03	S	Service Type Code	
		EB04	S	Insurance Type Code	

LOOP**	SEG ID	ELEMENT	ELEMENT REQUIREMENT	Industry Name	South Carolina Medicaid Specifications*
		EB05	S	Plan Coverage Description	
		EB06	S	Time Period Qualifier	
		EB07	S	Monetary Amount	
		EB07	S	Percent	
		EB08	S	Quantity Qualifier	
		EB09	S	Quantity	
		EB10	S	Authorization or Certification Indicator	
		EB11	S	In Plan Network Indicator	
		EB12	S	Composite Medical Procedure Identifier	
	HSD/S-233				SC Medicaid does not use this segment
	REF/S-238	REF01	R	Reference Identification Qualifier	SC Medicaid does not use this segment
	DTP/S-240	DTP01	R	Date/Time Qualifier	
		DTP02	R	Date Time Period Format	SC Medicaid will only return value 'D8'
		DTP03	R	Date Time Period	Format is CCYYMMDD
	AAA/S-242	AAA01	R	Valid Request Indicator	
		AAA02	N	Agency Qualifier Code	
		AAA03	R	Reject Reason Code	
		AAA04	R	Follow-up Action Code	

LOOP**	SEG ID	ELEMENT	ELEMENT REQUIREMENT	Industry Name	South Carolina Medicaid Specifications*
	MSG/S-244	MSG01	R	Free-Form Text Message	See Section 5 for RSP Messages and Text
		MSG02	N	Printer Carriage Control Code	
		MSG03	N	Number	
2110C/S-249				LOOP HEADER - SUBSCRIBER ELIGIBILITY or BENEFIT INFORMATION	
	LS/R-249	LS01	R	Loop Identifier Code	Value is '2120'
2120C/S-250				SUBSCRIBER ELIGIBILITY or BENEFIT RELATED ENTITY NAME	
	NM1/R-193	NM101	R	Entity Identifier Code	
		NM102	R	Entity Type Qualifier	
		NM103	S	Name Last or Organization Name	
		NM104	S	Name First	
		NM105	S	Middle Name	SC Medicaid will not use this data element.
		NM106	N	Name Prefix	
		NM107	S	Name Suffix	SC Medicaid will not use this data element.
		NM108	S	Identification Code Qualifier	
		NM109	S	Identification Code	
		NM110	N	Entity Relationship Code	
		NM111	N	Entity Identifier Code	
	N3/S-254				SC Medicaid will not use this segment

LOOP**	SEG ID	ELEMENT	ELEMENT REQUIREMENT	Industry Name	South Carolina Medicaid Specifications*
	N4/S-255				SC Medicaid will not use this segment
	PER/S-257				SC Medicaid will not use this segment
	PRV/S-261				SC Medicaid will not use this segment
2110C/S-264				LOOP TRAILER - SUBSCRIBER ELIGIBILITY or BENEFIT INFORMATION	
	LE/R-264	LE01	R	Loop Identifier Code	Value is '2120'
2115C/S-246				SUBSCRIBER ELIGIBILITY or BENEFIT ADDITIONAL INFORMATION	SC Medicaid does not use this loop
2000D/S-108				DEPENDENT LEVEL	SC Medicaid does not use this loop
9999/R-147				TRANSACTION SET TRAILER	
		SE01	R	Number of Included Segments	Number of Segments Included in Transaction Set, including the ST and SE.
		SE02	R	Transaction Set Control Number	Assigned by Sender – Must be Identical to Transaction Set Header ST02
	GS/R-B.10	GE01	R	Number of Transaction Sets Included	Number of Transaction Sets Included
		GE02	R	Group Control Number	Assigned by Sender – Must be Identical to Functional Header GS06
	IEA/R-B.7	IEA01	R	Number of Included Functional Groups	Number of Functional Groups Included
		IEA02	R	Interchange Control Number	Assigned by Sender – Must be Identical to Interchange Header ISA13

5. RSP MESSAGE TEXT

Certain messages will be sent back as part of the EDI 271 Response transaction set. Each of these messages pertains to one or more RSP codes. Only recipients having one or more of the below listed RSP codes will have a message returned with the response. The Message associated with the RSP code will be sent in the 'MSG' segment.

RSP CODE	RSP CODE MESSAGE TEXT		
MCP MCHM	NOTE! Recipient(s) with a MGD Care Indicator participate in a Managed Care Plan. Most services require prior authorization from the provider or HMO listed below		
	MCP – PEP MCHM – HMO	Provider Name 1 Provider Name 2	Provider 1 Phone Number Provider 2 Phone Number
MCHS	Hospice participant. All providers must call the Hospice names below for prior authorization before rendering services.		
	Hospice Name		Hospice Phone Number
PSCA	This is a Palmetto Senior Care recipient. All providers must call 803-251-2640 before rendering services to recipients.		
DMR DMRE VENT HIVA	Children are allowed unlimited prescriptions. Adult MR/RD Waiver client allowed 2 addtl RXs/Month above current limit; exceptions to monthly limit still apply; exempt from co-pay. Questions to Pharmacy Svcs (803)898-2876.		
HSCN HSCE	Children are allowed unlimited prescriptions. Adult HASCI Waiver client allwd 3 addtl RXs/Month above current limit; exceptions to monthly limit still apply; exempt from co-pay. Questions to Pharmacy Svcs (803)898-2876.		
MCFC	This recipient is a member of the Medically Fragile Children's Program. All providers must call (XXX)XXX-XXXX before rendering service to this recipient.		

RSP CODE	RSP CODE MESSAGE TEXT
MCRH	This recipient is enrolled in the Rural Behavioral Health Service Program. Call (XXX)XXX-XXXX before rendering behavioral services to this recipient.
CLTV ALVG	Exempt from co-pay
HRHI HRHT	Exempt from co-pay
HRLO	Exempt from co-pay
HREX	Exempt from co-pay

6. 270 FORMATTING REQUIREMENTS

Sample 270 Transaction

3) **ST*270*0001~**
 ST Transaction Set Header Segment ID
 270 Transaction Set Identifier Code (Inquiry Request)
 0001 Transaction Set Control Number - Must match SE's

4) **BHT*0022*13*00001*20000615*1325~**
 BHT Beginning of Hierarchical Transaction
 Segment ID
 0022 Subscriber Structure Code
 13 Purpose Code - This is a Request
 00001 Submitter Transaction Identifier
 20000615 Date Transaction Set Created
 1325 Time Transaction Set Created

5) **HL*1**20*1~**
 HL Hierarchical Level Segment ID
 1 Hierarchical ID No.
 ** Skipped Data Element
 20 Hierarchical Level Code - Information Source
 1 Hierarchical Child Code - Additional HL's

6) **NM1*PR*2*Medicaid*****PI*PayerID~**
 NM1 Sourcer Name Segment ID
 PR Entity ID Code - Payer
 2 Entity Type - Non-Person
 Medicaid Organizational Name
 ***** Skipped Four Data Elements
 PI Identification Code Qualifier - PayerID
 PayerID Payer Identification Code - Medicaid No

7) **HL*2*1*21*1~**
 HL Hierarchical Level Segment ID
 2 Hierarchical ID No.
 1 Hierarchical Parent ID Number
 21 Hierarchical Level Code - Information
 Receiver
 1 Hierarchical Child Code - Additional HL's

8) **NM1*1P*2*****SV*ProviderID~**
 NM1 Receiver Name Segment ID
 1P Entity ID Code - Provider
 2 Entity Type - Non-Person
 ***** Skipped Five Data Elements
 XX/SV Identification Code Qualifier -
 NPI/ProviderID
 NPI/PID NPI Number or ProviderID

9) **REF*1D*ProviderID~** (use only if NPI is used in #8 above)
 REF Receiver Additional Information
 1D Provider ID (legacy)

10) **HL*3*2*22*0~**
 HL Hierarchical Level Segment ID
 1 Hierarchical ID No.
 2 Hierarchical Parent ID Number
 22 Hierarchical Level Code - Subscriber
 0 Hierarchical Child Code - No Dependents

11) **TRN*1*12345-67890*9xxxxxxxx*sub ID~**
 TRN Subscriber Trace Number Segment ID
 1 Trace Type Code - Current Transaction Trace Numbers
 12345-67890 Trace Number
 9xxxxxxxxx Originating Company ID - must be 10 positions in length
 First position must be equal to a 1, 3 or a 9.
 [1] indicates an EIN follows
 [3] indicates a DUNS follows
 [9] indicates a User assigned identifier us used
 sub ID Additional Entity Identifier (i.e. Subdivision)

12) **NM1*IL*1*LastName*FirstName*MI***MI*RecipientID~**
 NM1 Subscriber Name Segment ID
 IL Insured or Subscriber
 1 Entity Type - Person
 Public Person's Last Name
 John Person's First Name
 Q Person's Middle Initial
 *** Skipped Two Data Elements
 MI Identification Code Qualifier - Recipient No
 RecipientID Recipient No

13) **REF*SY*SocSecNum~**
 REF Subscriber Additional Information
 SY Reference ID Qualifier - SSN
 SocSecNum Reference ID

14) **REF*EJ*PatientID~**
 REF Subscriber Additional Information
 EJ Reference ID Qualifier - Patient Account Number
 PatientID Patient Account Number

15) **DMG*D8*20000614~**
 DTP Date or Time or Period Segment ID
 D8 Date Format Qualifier - (D8 means CCYYMMDD)
 20000614 Subscriber's Birth date

16) **DTP*472*D8*20000614~**
 DTP Date or Time or Period Segment ID
 472 Qualifier - Date of Service
 D8 Date Format Qualifier - (D8 means CCYYMMDD)
 20000614 Date

17) **EB*30~** Eligibility Request

18) **SE*16*0001~**
 SE Transaction Set Trailer Segment ID
 16 Number of Segments (including ST and SE)
 0001 Transaction Set Control Number - Must match ST's

19) **GE*1*1~**
 GE Functional Group Trailer Segment ID
 1 Number of included Transaction Sets
 1 Group Control Number

7. 271 FORMATTING REQUIREMENTS

Sample 271 Transaction

1.1.1 EDI Segments for Transaction Set 271

Interchange Control Header

1) ISA*00*.....*00*.....*ZZ*SenderID.....*ZZ*SCMEDICA
D.....*011101* 0659*U*00401*000000001*0*P*^~

Functional Group Header - 271

2) GS*HS*SenderID*SCMEDICAID*20011101*0659*1*X*004
010X092~

Table 1 - Header

Start Transaction & Beginning of Hierarchical Transaction

3) ST*271*0001~
4) BHT*0022*11*00001*20000615*1325~

Table 2 - Detail

Loop ID 2000A - Information Source Level

First Hierarchical Level - Payer Information (Medicaid)

5) HL*1**20*1~
6) AAA*N**RC*C~

Loop ID 2100A - Information Source Name

7) NM1*PR*2*Medicaid*****PI*PayerID~

Loop ID 2000B - Information Receiver Level

Second Hierarchical Level - Provider Information (Pharmacy)

8) HL*2*1*21*1~

Loop ID 2100B - Information Receiver Name

9) NM1*1P*2*Pharmacy*****SV*ProviderID~
OR
9.1) NM1*1P*2*Pharmacy*****XX*NPI Number~
9.2) REF*1D*ProviderID~
10) AAA*N**RC*C~

Loop ID 2000C - Subscriber Level

Third Hierarchical Level - Subscriber or Insured Information

11) HL*3*2*22*0~
12) TRN*1*12345-67890*9xxxxxxxxx*sub ID~

Loop ID 2100C - Subscriber Name

13) NM1*IL*1*Public*John*Q***MI*Recipient ID~
14) REF*49*Family Number~
15) REF*EJ*PatientID~
16) REF*SY*SocSecNum~
17) N3*AddressLine1*AddressLine2~
18) N4*City-State**ZipCode~
19) DMG*D8*Birth Date*Gender~
20) DTP*472*D8*20000614
21) AAA*N**RC*C~

Cont...

Loop ID 2110C - Subscriber Eligibility or Benefit Information

22) EB*6~ Note: This is returned only if found ineligible.
23) EB*1****PCAT: payment category description~
24) EB*R***QM*QMB~
25) EB*1****QCAT: qualifying category description~
26) EB*D**44*****VS*999~
27) EB*J**13*****VS*999~
28) EB*J**33*****VS*999~
29) EB*D***HM*Y~
30) EB*L*****RSP Code Desc~
31) MSG*RSP Message Text~

Loop ID 2120C - Subscriber Benefit Related Entity Name

32) LS*2120~
33) NM1*1P*1*Public*John*Q***SV*ProviderID~
34) N3*AddressLine1*AddressLine2~
35) N4*City*ST*ZipCode~
36) PER*IC**TE*PhoneNbr~
37) LE*2120~

Loop ID 2110C - Subscriber Eligibility or Benefit Information

38) EB*R***MA*Medicare Part A~
39) EB*R***MB*Medicare Part B~
40) REF*F6*Medicare Claim No.~
41) EB*R**69*OT*Policy Type Desc~
42) REF*IG*PolicyNo*Carrier Name~
43) DTP*356*D8*YYYYMMDD~
44) DTP*357*D8*YYYYMMDD~

Loop ID 2120C - Subscriber Benefit Related Entity Name

45) LS*2120~
46) NM1*IL*1*Policyholder*John*Q~
47) LE*2120~

Transaction Set Trailer

48) SE*46*0001~

Functional Group Trailer

49) GE*1*1~

Interchange Control Trailer

50) IEA*1*000000001~

8. DOCUMENT CHANGE HISTORY

Project Information	
Project Name: 270 / 271 Professional Companion Guide	

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Version	Issue Date	Modified By	Comments/Reason
1.0			Original document 8/4/03
1.1	03/30/2004	Gerry George	Changed the value 'SV' to 'PI' in the NM108 element in the payer's NM1 along with all corresponding references to it. Added Document Change History section
2.0	12/01/2005	Gerry George	Modified Provider Identification (Receiver Loop) to use the NPI as the primary Identifier and the state Provider ID as a secondary Identifier in the REF segment.
2.1	07/26/2006	Gerry George	Added additional error logic to send back 'AAA' error segments whenever the number of queries in a batch exceed 10,000 and/or the DTP segment, (date of service), is not formatted correctly to contain a single date. Date ranges are not allowed.
2.2	04/02/2007	Gerry George	Removed the allowance of dual provider info (NPI & legacy). Added requirement of NPI except for atypical providers
3.0	04/26/07	Kathy Dugan	Modified for National Provider Identifier (NPI) Transition and reformatted to be consistent with the other Companion Guides
3.1	10/11/07	Charley Cosby	Changed values for GS06 and GS08 on page 4. Changed to GE01 and GE02 on page 11. Changed values for GS06 and GS08 on page 14. Changed to GE01 and GE02 on page 24.
3.2	02/28/2008	Charley Cosby	Changed values ISA12 to 00401 BHT01 to 0022 Page 4.